

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589842

FILING DATE

09 MAY 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15		0		/		
16		0		/		
17	/		/			
18	/		/			
19		2		0		
20		2		0		
21		2		0		
22		2		0		
23		2		0		
24		0		0		
25		0		0		
26		0		0		
27		0		0		
28		0		0		
29		0		0		
30		0		0		
31		0		0		
32	/			/		
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35	/			/		
36	/			/		
37	/			/		
38	/			/		
39		7		/		
40		7		/		
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43		7		/		
44		7		/		
45		7		/		
46		7		/		
47						
48						
49						
50						
TOTAL IND.	10	↓	3	↓		↓
TOTAL DEP.	89	←	28	←		←
TOTAL CLAIMS	99		31			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						